

| POSITION                  | INITIALS  | ID NO.       | DATE            |
|---------------------------|-----------|--------------|-----------------|
|                           | <i>AS</i> |              | <i>03/23/00</i> |
| FEE DETERMINATION         |           |              |                 |
| O.I.P.E. CLASSIFIER       |           | <i>43</i>    | <i>3/29/00</i>  |
| FORMALITY REVIEW          |           | <i>71090</i> | <i>5/23/00</i>  |
| RESPONSE FORMALITY REVIEW |           | <i>71090</i> | <i>6/14/00</i>  |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date           |
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| Final Original |                |
| 1              | <i>3/23/00</i> |
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If more than 150 claims or 10 actions  
staple additional sheet here

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